

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3000 RIVERCHASE GALLERIA

SUITE 500

☐ Check if different than previously reported. (ACC)

BIRMINGHAM

AL

35244

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00440743

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard L. Sharff Jr.

Signature of Treasurer

Richard L. Sharff Jr.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">18404.92</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">17829.29</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">7976.52</span>	<span style="border: 1px solid black; padding: 2px;">30988.86</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">25805.81</span>	<span style="border: 1px solid black; padding: 2px;">49393.78</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">23587.97</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">25805.81</span>	<span style="border: 1px solid black; padding: 2px;">25805.81</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

## **SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7859.00	24392.00
(ii) Unitemized .....	115.00	6493.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	7974.00	30885.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	7974.00	30885.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.52	103.36
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	7976.52	30988.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	7976.52	30988.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	87.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	87.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	23500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	23587.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	23587.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7974.00	30885.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7974.00	30885.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	87.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	87.97

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Aiken**

Mailing Address 3000 Riverchase Galleria, Ste 500

City State Zip Code  
Birmingham AL 35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2012

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period

60.00

Payroll deduction - \$20 bi-weekly

Full Name (Last, First, Middle Initial)

**B. Robyn F. Archer**

Mailing Address 617 E. 39th South

City State Zip Code  
Salt Lake City UT 84107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2012

Transaction ID : SA11AI.5368

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Melanie R. Boles**

Mailing Address 108 Financial Drive

City State Zip Code  
Lexington KY 42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2012

Transaction ID : SA11AI.5421

Amount of Each Receipt this Period

20.00

Payroll deduction - \$20 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard T. Brisson**

Mailing Address 2690 Lake Park Drive

City State Zip Code  
 North Charleston SC 29406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5371

Amount of Each Receipt this Period

45.00

Payroll deduction - \$15 bi-weekly

Full Name (Last, First, Middle Initial)

**B. Sandra K. Bunch**

Mailing Address 2890 Dauphin Street

City State Zip Code  
 Mobile AL 36606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5372

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Vicki Burns**

Mailing Address 4005 Dupont Circle

City State Zip Code  
 Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5373

Amount of Each Receipt this Period

57.00

Payroll deduction - \$19 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

177.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Joseph E. Colbert

Mailing Address 3903 Waring Road

City State Zip Code  
 Oceanside CA 92056

FEC ID number of contributing federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5374

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

B. Kelli Collins

Mailing Address 3812 N. Elm Street

City State Zip Code  
 Greensboro NC 27455

FEC ID number of contributing federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period

57.00

Payroll deduction - \$19 bi-weekly

Full Name (Last, First, Middle Initial)

C. Stephanie Cox

Mailing Address 8465 Regents Road, # 318

City State Zip Code  
 San Diego CA 92122

FEC ID number of contributing federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5376

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

117.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elizabeth A. Davis**

Mailing Address 2056 Aloma Avenue  
Suite 200

City State Zip Code  
Winter Park FL 32792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5377

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

**B. Ann L. Dugan**

Mailing Address 1526 Atwood Avenue  
Suite 300

City State Zip Code  
Johnson RI 02919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5378

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Viva Elia**

Mailing Address 2714 W. Canyon Avenue

City State Zip Code  
San Diego CA 92123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5379

Amount of Each Receipt this Period

231.00

Payroll deduction - \$77 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

336.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Karen S. Fillner**

Mailing Address 940 N. 30th Street

City  
BillingsState  
MTZip Code  
59101FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5380

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

**B. Paula Fink**

Mailing Address 2329 Harvest Vista Lane

City

Tallbrook

State

CA

Zip Code

92028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

BOM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5381

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Diana M. Geoghegan**

Mailing Address 28 N. 64th Street

City

Belleville

State

IL

Zip Code

62223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5382

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Andrew P. Hayek**

Mailing Address 500 Adams Avenue

City State Zip Code  
 Glencoe IL 60022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 17 2012

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period

5000.00

Political Contribution - one time

Full Name (Last, First, Middle Initial)

**B. Jenny M. Hunter**

Mailing Address 900 W. Magnolia Avenue  
 Suite 101

City State Zip Code  
 Ft, Worth TX 76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5383

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Roberto Jardeleza**

Mailing Address 2444 Central Park Avenue

City State Zip Code  
 Evanston IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period

240.00

Payroll deduction - \$80 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Jenifer A Kimbrough**

Mailing Address 3000 Riverchase Galleria, Ste 500

City State Zip Code  
 Birmingham AL 35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

12 / 31 / 2012

Transaction ID : SA11AI.5385

Amount of Each Receipt this Period

90.00

Payroll deduction - \$30 bi-weekly

Full Name (Last, First, Middle Initial)

## **B. Brian Konieczny**

Mailing Address 200 Bessemer Road

City State Zip Code  
 Mt. Pleasant PA 15666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2012

Transaction ID : SA11AI.5386

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

## **C. Joy Kurosaka**

Mailing Address 10950 Evening Creek Drive E, #135

City State Zip Code  
 San Diego CA 92128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

12 / 31 / 2012

Transaction ID : SA11AI.5387

Amount of Each Receipt this Period

57.00

Payroll deduction - \$19 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

177.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Debbie L. Loeffler**

Mailing Address 4545 Emerson Expressway

City State Zip Code  
 Jacksonville FL 32207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5390

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

**B. Kristine Lowther**

Mailing Address 2040 Harvest Drive

City State Zip Code  
 Mechanicsburg PA 17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5391

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Jeffrey Lozier**

Mailing Address 17787 Del Paso Drive

City State Zip Code  
 Poway CA 92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2012

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period

100.00

Distribution deduction - \$100 quarterly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Brian Mathis**

Mailing Address 3000 Riverchase Galleria  
Suite 500

City State Zip Code  
Birmingham AL 35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 31 / 2012

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25 bi-weekly

Full Name (Last, First, Middle Initial)

## **B. Bryan Olson**

Mailing Address 1500 Greystone Parc Circle

City State Zip Code  
Birmingham AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 31 / 2012

Transaction ID : SA11AI.5394

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25 bi-weekly

Full Name (Last, First, Middle Initial)

## **C. Peggy L. Rhoads**

Mailing Address 2001 W. Rosedale Street

City State Zip Code  
Ft. Worth TX 76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2012

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joanne Roche**

Mailing Address 100 Retreat Avenue  
Suite 100

City State Zip Code  
Hartford CT 06106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10 bi-weekly

Full Name (Last, First, Middle Initial)

**B. Michael A. Rucker**

Mailing Address 4800 Hampton Lane

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period

405.00

Payroll deduction - \$135 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Kelli Ruiz**

Mailing Address 13822 Laurinda Way

City State Zip Code  
Santa Ana CA 92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5398

Amount of Each Receipt this Period

57.00

Payroll deduction - \$19 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

492.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gwenyth L. Schmitz**

Mailing Address 20998 Redwood Road

City

Castro Valley

State

CA

Zip Code

04546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period

45.00

Payroll deduction - \$15 bi-weekly

Full Name (Last, First, Middle Initial)

**B. Richard L. Sharff Jr.**

Mailing Address 3000 Riverchase Galleria  
Suite 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

EVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5400

Amount of Each Receipt this Period

375.00

Payroll deduction - \$125 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Francis G. Socash**

Mailing Address 2259 Foxboro Lane

City

Naperville

State

IL

Zip Code

60564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period

150.00

Payroll deduction - \$50 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

570.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Susan Sorg**

Mailing Address 330 N Madison Street

City State Zip Code  
Joliette IL 60435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5402

Amount of Each Receipt this Period

45.00

Payroll deduction - \$15 bi-weekly

Full Name (Last, First, Middle Initial)

**B. Jeanette Stack**

Mailing Address 1526 Northway Drive

City State Zip Code  
St. Cloud MN 56303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5403

Amount of Each Receipt this Period

45.00

Payroll deduction - \$15 bi-weekly

Full Name (Last, First, Middle Initial)

**C. Carla F. Stephanie**

Mailing Address 1526 Northway Drive

City State Zip Code  
St. Cloud MN 56303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period

45.00

Payroll deduction - \$15 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

7859.00